## EXHIBIT 66

·	Application to Hadrands Reference & Time Earlies	-U(Form 4868)
£1040	U.S. Individual Income Tax Return 1982	the same of the same of
For the year Janu	ary 1-December 31, 1982 or other lar year beginning , 1982, anding	19 DMB No. 1545-0074
Yeur 17	Vo	Your social security number
	STEVEN A & PATRICTA COHEN .	258/2 Spouse/s social security no.
Wise,	34 WATERS FOOR  RYE NY 10500 V	3 <i>154</i> :
print 1990	Your occupation.	976,47502
or type.		Note: Checking "Yes" will
Presidential Election Campaign	Do you want \$1 to go to this fund? ***   ***   ***   ***   ***   ***   Yes   No   No   No   No   No   No   No   N	Note: Checking Yes will not increase your tex or is duce your reland.
Filing Status	3	ction Act Nolice, see Instructions
Check only a"	Married filing joint return (even it only one had income)     Married filing separate return, then spouse's social security no, above and full name here.	
one book	Head of household (with qualifying person), (See page 6 of instructions.) If the d	iualifying person is your un-
٠	married child but not your dependent, enter child's name	See page 6 of Instructions.)
Stranger of the stranger	68   V Yourself   65 or over   Blind	Enter number of
Exemptions	6 / Spouse Blind	boxes checked on 6a and b
Always, check the box labeled	c First names of your dependent children who lived with your	Enter number of children
Yourself: Check other	[1(3) Number of [44) Did dependents [75] Did you prov	) listed on 66 > 1
boxes if they epply.	d Other dependents:  (2) Relationship in your home:  (2) Relationship in your home:  (3) Number of (49) Did dependent (15) Did you provide the control of th	
, B , B	And property commenced to the commence of the	dependents Add numbers
· ' "	e Total number of exemptions claimed	entered in boxes above >
Income	T Wages Salaties dospieto, ar a a a a a a a a a a a a a a a a a a	7 626 000 00
Clease attach	B interest income (attach Schedule Bill over \$400 St you have \$400 St you	8 3,4/38 23
Copy B of your Forms W-2 here.	9a Dividends (atlack Schedule B.il. over \$400). 23/732; 46 Exclusion	96 2,695 00
If you do not have	IO Refunds of State and local income taxes (do not enter an amount unless you de:	The state of the s
a W+2, see page 5 of	ducted those taxes in an earlier year—see page 9 of instructions).	10 27,386 26 11
instructions.	11. Allinoit received a second of a particular contract and a second o	Te leave to the le
16.	13 Capital gain of (loss) (eltach Schedule D)	18: 2 3,000 00x
į	14 40% capital gain distributions not reported on line 13 (See page 9 of the nutions)	
	15 (Supplemental gains outlosses) (attach Form 4797); * * * * * * * * * * * * * * * * * * *	16
}	17.6 Other pensions and annuities. Total received as a 17.6	
<b>K</b>	b. Taxable amount, it any, hom works reet on page 10 of instructions.	18 16841 007
<del>jus</del>	18 Hents, joyalites, partnerships, estates, trusts, etc. (ettech Schedule E)	19
Please attach check	19 Farm (neome of (loss) (attach Schedule F)). A very 20s very compensation (insurance). Total received 20s very compensation (insurance). Total received 20s very compensation (insurance). Total received 20s very compensation of the compensation	
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Maradia, arbiter		21
	22 Total income. Add amounts in column for lines 7 through 21	22 1588 108 39
Adjustments	23 Noving expense (attach Form 3903 or 3503F) ( 1 1 23 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	
to Income	25 Payments to an IRA. You must enter code from page	
(See Instruce	UCS A Transport of the contract of the contrac	
tions on page 11)	26. Payments to is Keogh (H.R. 10) relinement plan , 1 /2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<b>"</b> ,
bage 111	28: Almony palding a discussion as a second 28	12-02
s e	29: Deduction for a imagried couple when both work rate     1	
ým	tach Schedule With war and was any war at 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ur mak	31. Total adjustments. Add lines 23 through 201.	2250 000
Adjusted	32 Adjusted gross income. Subtract line 31 from line 22, if this line is less than \$10,000, see "Farned Income Credit" (line 62) on page 15 of instructions. If you want IRS to figure your tax, see page 3 of instructions	32 67675839
Gross Income	H YOU WANTING TO THE LICE YOUR TAX: SEE DAGE DOI: INSTRUCTIONS	32 586839

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2 1 g 2	Schedules A&I		OMB I	16: 1845-0074 21 0 0 0	
6	(Form 1040) Department of the Trees Internal Revenue Service	(Schedule Bis on back)  (Schedule Bis on back)  Attach to Form 1040). See Instructions for Schedules & and B (Form 1040).		18 <b>02</b>	A A
_	internal Revenue Service Name(s) as shown	on Form 1049	jur soc	al escurity num	
₿¢.	578	UB B COLL POBLETO COMA	Y/////AV	:255. 	
	Medical and Dental Expenses	I Medicines and drugs : 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	(Do not include	3. Subtract line/2 from line 1. If line 2 is more than line 1, write zero. 3			
	expenses reim-	Total insurance premiums you paid for medical and dental care:     Other medical and dental expenses:			
	bursed or paid by others.)	a Doctors, dentists, nurses, hospitals, etc., s a s s s 156			<b>*</b>
	(See page 17 of Instructions.)	b Transportation			<b>/////////////////////////////////////</b>
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	er de la companya de Esta de la companya	Total Representation of the Control			
	followy k oughness	7 Multiply amount on Form 1040 June 33, by 3% (.03)			
•		B: Subtract line 7 from the 6. If line 7 is more than line 6. Write zero B			
			10	<u>"</u>	
	Taxes	11. State and local income 4.77 1.25 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	50 68		
į.	(See page 18 of Instructions)	13 a General sales (see sales tax tables)	53		
ž.		b. General Seleston motor vehicles and selection at 136			
		14 Other (list-include personal property) > 14			
:	Control of the Contro	15 Add lines 11 (frough 14 Write your answer here is a second with the second s	15	66780	
	Interest Expense (See page 19 of	16 a Home mortgage Interest paid to financial institutions			
	Instructions)	Son strame and address?			
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; <b>u</b> g		17 Credit cards and charge accounts 17 134 18 Other (list) 670074 20 40.53 Economic 1750			
	*	# # # # # # # # # # # # # # # # # # #	06		Wille.
1 %		19 Add lines 16a through 18 Write your answer here	19		
100	Contributions	20 a Cash contributions (If you gave \$3,000 or more to any one or gan) zetion, report those contributions on line 20b) : J	œ.		
	(See page 19 of Instructions)	b. Cash contributions totaling \$3,000 or more to any one organia			
		zetion. (Show to whom you gever and how much you gave.)			
		200	100		
		22: Carryover from prior years as a series of the series o	2222 10		00
		23 Add lines 20a through 22. Write your answer here	23.	500	
	Casualty and Theft Losses and	25a	1 200		
	Miscellaneous Deductions	B Tax return preparation fee	00		A
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	Itemized Deductions	28 Add Unes 10, 15, 19, 23, and 27	28	110,112	1
	See page 20 of	2 or 5; wite \$3,400 29 If you shecked form 1040, Filing Status box 1 for 4 wite \$2,300	29	3,400	00
	Instructions.)	3. Write \$1,700 p. n. l.			W.
, to	William Willia	30 Subtract line 29 from line 28. Write your answer here and on Form 1040, line 34s. (If the 29 is more than line 28, see the instructions for line 30 on page 20.); 3 5 \$\inc\$	30	1/3/3/2	200
ta	For Paperwork R	eduction Act Notice; see Form 1040 Instructions.	· 19-11		a de En sand

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.12 Combine line 11, co .13. Capital gain distrib						13		<del>2</del> 4.
14. Enter gain from Fo	m 4797. line 50		THE REPORT OF THE SECTION OF THE SEC	- Til		18		Language .
15 Enter your share of	met fansklerik de	in immemalika	Singe Sainarati		Dec.	15		*
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Note: Complete this complete Par	form on revers	e, However, If yo	u have capital J	oss carryovers fr	om years beel			o not
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SCHEDULE E (Form 1040)

## Supplemental Income Schedule

(From rents and royalties, partnerships, estates and trusts, etc.)

Affacts to Form 1040. See Instructions for Schedule E (Form 1040).

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Department of the Treasury Internal Revenue Service (0) Your social security number Name(s) se shown on Form 1040 coul Part I (Rent and Royally Income or Loss 1 Are any of the expenses listed below for a vacation home prother recreational unit (see instructions)? \* \* \* \* \* I Are any of the expenses listed below to raivacation nome or other receivable variation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreational 2 if you checked "Yes" to question 1, did you or a member of your family occupy the vacation home or other recreations. .... Description of Properties Property A (Show kind and location): Property B. (Show kind and location). Property C. (Show kind and location) Totals) (Add columns A, B, and C))." Rental and Royalty Income B 3 a Rents received b Royalties received 3 energy average Rental and Royally Expenses A Advertising & \* \* \* \* \* 5 5 Auto and travel . . . . 6 Cleaning and maintenance 6 7 Cammissions . . . . 8 Insurance \* \* \* 9 . 9 Interest 9 interest 10 Legal and other professional fees 10 11 Al Repuls was a second a second 12 13 Taxes (Do NOT include Windfall Profit Tax hore, See Part III, line 35).

14 Utilities

15 Wages and saladies 13 14 15 16 Other (Ust) 17 Total expenses other than depreciation 17 and depletion. Add lines 4 through 16 18 Depreciation expense (see instructions) or Depletion . in is a 19 Total, Add (ines 17 and 18 a av a s 20 Income of (less) from rental or royalty properties, Subtrest line 19 from line. Sa (rents) or 3b (royallies)... 20. ... 20. ... 22. (Add properties with profits on line 20, and write the folal profits here. 22 22 Add properties with losses on line 20, and write the total (losses) here. 16: 16: 23 24 If Parts II, III, and IV on page 2 do not apply to you, write the amount from line 25 on Form 1040, line 18. Otherwise, include the amount in line 37 of Schedule E. . . For Paperwork Reduction Act Notice; see Form 1040 instructions.

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Computation of F STOTE 6249 OMB No. 1545-0226 Overpaid Windfall Profit Tax Croices 7-31-85: Department of the Tressury Internal Revenue Service. See separate instructions. Taxpayer identifying number Arnd Type of Return to which Form 5249 is Attached ☐ Form 720 ☐ Form 843 Form 1040 (and Form 1040NR) Form 1040X Form 1041 Form 1120 Form 1120F Form 1120X Other Form 1120 (Form 1120-DISC; Form 1120). |Form 1120M, Form 1120S; atc.): Form 990-C or Form 990-1 Other 🗲 Overpayment Due to a Wilhholding Exfort—For calendar year In Please, the kithe applicable box for the stetus that resulted in a withholding error. Exempt governmental interest (section 4991(b)(1)).

Exempt qualified charitable interest (section 4991(b)(1)). Exempt Indian oil (section 4991(b)(2)). Exempt royalty owner oil (section 4991(b)(5)) (Trusts do not qualify) Exempl independent producer of stripper well oil (section 4991 (b) (6), applies only to oil removed after 1982) ( | independent producer oil (section 4992) 2. Amounts withheld for oil removed during the calendar year (attach Form(s), 6248)... 3 Correct amount of tex (see instructions) . . . . . . . . . . . . . . . . A Overpayment due to a withholding error (Subtract line 3 from line 2). Part III Overpayment Resulting from the Net Income Cimitation 5 Enter amount from line 19 (Part V) Par IV Combined Overpayment of Windfall Profit Tax \* S. Total amount of credit or retund (add amounts on lines 4 and 5): (See instructions): Form 6249 (Rev. 1-83) For Paperwork Reduction Act Notice, see page 1 of the instructions, 363-092-2

page 749.095

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## STATEMENT FILED PURSUANT TO REGULATION 1.351.-3(a)

On December 28, 1982, the taxpayer transferred \$50,000 to Pharmatec, Inc. in exchange for 100,000 shares of \$.01 par value common stock. The following detailed information is furnished in accordance with Regulation 1,351-3(a).

- 1. Cash or property transferred:
- \$50,000
- Only common stock was received in the exchange. 100,000 shares were received with a fair market value per share of \$1.50.
- 3. No securities were received in the exchange.
- 4. No money was received in the exchange.
- 5. No other property was received in the exchange.
- 6. The controlled corporation assumed no liabilities of the transferors.

Signed.

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